

<u>Under-insured</u> Tally Sheet (optional use)

Provide	rovider or Clinic Name:														Quarter / Year:								
Age	Under- Insured Children Receiving State Supplied Vaccine	DTaP	DT	Тд	Тдар	DTaP / Hep B / IPV	DTaP / HIB	HIB	ΙΡΛ	MCV4	MMR	Hep B Ped	Hep B Adult	Hep B / HIB	Hep A Ped	Hep A Adult	Varicella	MMRV	PCV7	PPV23	Flu	RTV	HPV
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Instructions for Completing the Optional <u>Under-insured</u> Tally Sheet

Each child receiving State Supplied vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the *Quarterly Doses Administered Report*.

- Print the clinic name and the quarter/year of this information.
- Place a check mark in the appropriate age and eligibility column. (One line per child, counted by visit/encounter).
- Place a check mark in the column for each vaccine administered to the child at the visit/encounter.
- Total all columns (Eligibility Status and Vaccines)
- Transfer the Totals to the *Quarterly Doses Administered Report*.

Tally Sheets are for provider's use only.

Do NOT return to the Utah VFC Program.